

FACSIMILE: (408) 720-8383

AUG 10 2006

PAGE 1/19 * RCVD AT 8/10/2006 2:38:35 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/16 * DNIS:2738300 * CSID:408 720 9397 * DURATION (mm-ss):05-10

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/816,132
		Filing Date	March 31, 2004
		First Named Inventor	Gary A. Brist
		Art Unit	1775
		Examiner Name	Lam, Cathy Fong Fong
Total Number of Pages in This Submission:	18	Attorney Docket Number	42P18776

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Neal Berezny, Reg. No. 56,030 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Neal Berezny</i>
Date	8-9-06

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Neal Berezny		
Signature	<i>Neal Berezny</i>	Date	8-9-06

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450

AUG 10 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

350.00

Complete if Known

Application Number	10/816,132
Filing Date	March 31, 2004
First Named Inventor	Gary A. Brist
Examiner Name	Lam, Cathy Fong Fong
Art Unit	1775
Attorney Docket No.	42P18776

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments
FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
32	25	50.00	\$150.00
Independent Claims	4	200.00	\$200.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	250	2203	150	Multiple Dependent claim, if not paid
1204	750	2204	350	Reissue independent claims over original patent
1205	300	2205	150	Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	150	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	150	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,500	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	280	Filing a brief in support of an appeal	
1403	1,000	2403	600	Request for oral hearing	
1451	1,510	2451	1,810	Petition to institute a public use proceeding	
1450	130	2450	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)				(\$)	

SUBMITTED BY

Name (Print/Type)	Neal Berezny	Registration No. (Attorney/Agent)	56,030	Telephone	(408) 720-8300
Signature	<i>Neal Berezny</i>	Date	8-9-06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M/R) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

AUG 10 2006

Atty. Docket No.: 42P18776
Confirmation No.: 9646

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Gary A. Brist, et al.

Application No.: 10/816,132

Filed: 03/31/2004

For: CARRIER SUBSTRATE WITH A
THERMOCHROMATIC COATING

Examiner: LAM, Cathy Fong Fong

Art Unit: 1775

CERTIFICATE OF TRANSMISSIONI hereby certify that this correspondence is being
facsimile transmitted to the Patent and Trademark Office
on:on 8-9-06
Date
Neal BereznyMail Stop: Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450AMENDMENT AND RESPONSE OFFICE ACTION

Dear Examiner:

In response to the Office Action mailed May 9, 2006, the Applicant respectfully requests that the above-identified application be amended as follows and that the following remarks be considered.

08/11/2006 BABRAHA1 09000019 022666 10816132

01 FC:1202 150.00 DA
02 FC:1201 200.00 DAApp. No.: 10/816,132
Filing Date: 03/31/2004

1/15

Atty Docket No.:42P18776
Resp. to OA Dated 05/09/2006